

CUSTOMER NO. 23932



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AMENDMENT TRANSMITTAL LETTER				Docket No. 61179-00010USPX																														
Application No. 10/814819-Conf. #5281	Filing Date March 31, 2004	Examiner W. R. Wolfe	Art Unit 3747																															
Applicant(s): Giovanni L. Torrisi et al.																																		
Invention: MULTICHANNEL ELECTRONIC IGNITION DEVICE WITH HIGH-VOLTAGE CONTROLLER																																		
TO THE COMMISSIONER FOR PATENTS																																		
Transmitted herewith is an amendment in the above-identified application.																																		
The fee has been calculated and is transmitted as shown below.																																		
CLAIMS AS AMENDED																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>26</td> <td>- 29 =</td> <td>x</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>7</td> <td>- 4 =</td> <td>3 x 200.00</td> <td>600.00</td> </tr> <tr> <td colspan="4">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="4">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="4">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td>600.00</td> </tr> </tbody> </table>					Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	26	- 29 =	x		Independent Claims	7	- 4 =	3 x 200.00	600.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					Other fee (please specify):					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				600.00
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Total Claims	26	- 29 =	x																															
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Other fee (please specify):																																		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				600.00																														
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																		
<input type="checkbox"/> No additional fee is required for this amendment.																																		
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																		
<input checked="" type="checkbox"/> A check in the amount of \$ 600.00 to cover the filing fee is enclosed.																																		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 10-0447 as described below. A duplicate copy of this sheet is enclosed.																																		
<input type="checkbox"/> Credit any overpayment.																																		
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																		
Dated: July 14, 2005																																		
Andre M. Szwalski Attorney Reg. No.: 35,701																																		
JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION 1445 Ross Avenue, Suite 3700 Dallas, Texas 75202 (214) 855-4795																																		
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.																																		
Dated: 07-15-05 Signature: (Margo Barbarash)																																		



CUSTOMER NO.: 23932

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$) 600.00	Attorney Docket No.	61179-00010USPX
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Complete if Known

Application Number	10/814819-Conf. #5281
Filing Date	March 31, 2004
First Named Inventor	Giovanni L. Torrisi
Examiner Name	W. R. Wolfe
Art Unit	3747

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 10-0447 Deposit Account Name: Jenkens & Gilchrist, a Professional Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
26	- 29 =	x	=	Fee (\$)	Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
7	- 4 =	3	x 200.00 =	600.00	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		35,701	(214) 855-4795
Name (Print/Type)	Andre M. Szuwalski	Date	July 14, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 07-15-05

Signature:

(Margo Barbarash)



FEE SUMMARY SHEET
Transmittal -- Amendment

Date: July 14, 2005
Time: 3:31 PM
Docket: 61179-00010USPX

Filing Date: March 31, 2004
Application No: 10/814819
Total Fee: \$ 600.00

Code	Amount	37 CFR	Fee Description	Listed on
1201	600.00	1.16(h)	Independent claims in excess of three	Fee Transmittal (PTO SB-17)

CUSTOMER NO. 23932



PATENT APPLICATION
Docket No. 61179-10USPX

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Torrisi, et al.

Serial No.: 10/814,819

Group No.: 3747

Filed: March 31, 2004

Examiner: W. Wolfe, Jr.

For: MULTICHANNEL ELECTRONIC IGNITION DEVICE WITH HIGH-VOLTAGE
CONTROLLER

MS AMENDMENT
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being sent by first class mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
on:	07-15-05
Signature:	Marge Barbarash

AMENDMENT AND RESPONSE

Dear Sir:

In response to the Office Action dated April 18, 2005, please consider the following
claims and Remarks:

07/19/2005 AADOF01 0000007 10814819

01 FC:1201

600.00 DP